

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>01/26281</i>	FILING DATE <i>11-30-00</i>							
						APPLICANT(S)								
						CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2	/						52							
3	/						53							
4	/						54							
5	/						55							
6	/						56							
7	/						57							
8	/						58							
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39	/						89							
40	/						90							
41	/						91							
42	/						92							
43	/						93							
44	/						94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4						TOTAL IND.							
TOTAL DEP.	40	→	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	44						TOTAL CLAIMS							